Key Service Provider Descriptions

Health Care Systems (Hospitals and Clinics)

Hospitals may be the largest contract for Partnership programs and you will want to select a hospital(s) that accepts patients from the Partnership physicians and is a facility most frequently chosen or preferred by their members (physicians often affiliate with a small hospital in a community). Information about who hospitals are serving may be available through data that indicates the amount of Medicare and Medicaid billed by area hospitals. Hospitals may also be willing to share patient demographic data but are often only able to give you a limited breakdown on patient information. For example, a hospital will know how much total revenue they received from Medicaid in a given year but may not be able to give you information about the medical status code or primary diagnosis of those patients.

Make certain that you take time to study the relationships between and among health care providers in your community. This means understanding any exclusive or ownership relationships between hospitals and physician groups. While you determine which physicians in the community are providing the most frequent services to the targeted population, you will also want to be aware of which hospitals they have admitting privileges at or are directly affiliated with. Keep in mind, physicians may be affiliated with or a part of a health care system that includes a hospital. It is doubtful if they can give you information about other services used by those individuals.

It is highly likely that the panel of physicians who will join the program use all the hospitals in the community. However, starting with those hospitals that are used most often by the physicians serving multiple consumers who are eligible for membership in a Partnership Program achieves

two things. First, it is possible that physicians contacted early in the planning phase will be able to participate in meetings with hospital administrators. This provides the program with instant credibility, assuming that physician is on good terms with the hospital (be sure you check this out). Second, early contacts leave the program staff with enough time to negotiate some of the formal relationships that are important to have in place inside these organizations and between the organizations and the Partnership Program before the program starts.

Provider organizations will want to start discussions at the executive level of the hospitals. Within each hospital, there are several other important contact points that should also be identified, since they will continue to be important contacts between the Partnership Program and the organizations over time. However, don't start meeting with and talking to various departments or select administrators without first meeting with members of the hospital executive team. After you have had a general meeting with key administrators, you can begin to meet with other important areas such as the emergency department, discharge planners/care managers and admissions.

Emergency Departments

The emergency department (ED) is a frequent point of entry into the hospital for populations served by Partnership. Having a system in place that encourages emergency department staff to contact Partnership staff as soon as a Partnership member enters the ED will greatly enhance the quality of care, decrease the time spent in the emergency department, reduce the number (and cost) of tests conducted in the emergency department, and reduce the likelihood of a costly hospital admission.

Many Partnership members have complex medical problems. Even those who are relatively stable may appear to emergency department staff who are unfamiliar with them as if they are acutely ill and in need of hospital care. Efforts to sort out the medical situation can lead ED staff off in many directions, subjecting members to uncomfortable, sometimes risky, and always expensive tests and procedures. Only those who know the member well and are familiar with the member's medical conditions can provide ED staff with the information they need to distinguish an urgent medical situation from the member's usual state. Many of the things that individuals like this might be hospitalized for are quite usual for them and not at all something they need to be hospitalized for. On the other hand, Partnership staff can also provide information to ED staff that would indicate subtle but significant changes in their medical conditions necessitating urgent intervention. Providing ED staff with comprehensive and accurate medical history and being able to describe the member's usual or 'baseline' state results in fewer tests, shorter ED stays and fewer admissions.

Creating a workable system that will actually be used to contact Partnership staff when a Partnership member enters the ED is extremely important and extremely difficult. This first requires a mechanism for quick and certain identification of a Partnership member. Therefore, their ID card must be obviously marked to identify them. The next step, from identification to contacting Partnership staff is even more challenging since this requires the ED admission staff to treat Partnership members differently then it treats other admissions. Since the program is relatively small and staff can change frequently, it is not reasonable to rely on the admissions staff to remember the appropriate procedures to follow. Integrating instruction into the hospital's computerized data bank is one way to do this but may difficult to achieve.

Hospital Discharge Planners and Care Managers

Hospital Discharge Planners and Care Managers are very important contacts. In many hospitals there are active efforts to identify, early, patients like those enrolled in Partnership Programs who can be costly to hospitals. These patients are likely to 'overstay' the days factored into the DRG reimbursement rates for their admitting illness. In short, they are often money losers for hospitals. For this reason they are often targeted by hospital care managers and discharge planners to facilitate their timely discharges. Despite these efforts, numerous factors mitigate against their effective management and timely discharge. Among these factors are staffing shortages, lack of expertise with this population, a short-term view that is not well informed about post discharge care, systems that fail to target accurately, and lack of knowledge about the individuals and their particular needs. Coordinating effective post hospital care is simply beyond the scope and means of many hospital care management programs. Two things happen (at least) as a consequence. First, these patrons may stay longer than their allocated time, leading to hospital losses. Second, they can be discharged before they are ready, sometimes leading to costly readmissions.

Because of their familiarity with both the individual members in the program and their pre-hospitalization support systems as well as well-established access to a range of in-home support services, Partnership staff have the ability to facilitate earlier and effective discharges for this group. This capacity is quite appealing to hospitals as it can prevent the high costs often borne by hospitals as they struggle to set up post hospital care. Even more important for members, it allows them to leave the dangerous hospital environment earlier and reduces the likelihood of nursing home care. Most Partnership Programs began working with care managers and discharge planners and have, since then, virtually taken over the discharge planning process. This is attractive to

hospital systems and can be used in contract negotiation. Involvement of Partnership staff yields several other important benefits to Partnership members.

Interacting directly with hospital staff promotes a clear understanding of post hospital treatment plans, follow up care needed, and medication changes that were made during the hospital stay. These are all things that are well known to create confusion for patients with complex conditions and are sources of errors that lead to negative outcomes for consumers. This smooth, coordinated hand-off benefits everyone, especially the consumer. Wisconsin Partnership Organizations found that hospital discharge planners were extremely helpful in identifying gaps in services.

Admissions Departments

Since some members are likely to be admitted directly to the hospital rather than going through the emergency department, it is also important for Partnership staff to be involved in admission decisions - and to know the hospital admissions staff. Networking on this level can be helpful for several reasons. First, some admissions can be prevented.

As PCPs become more familiar and more comfortable with the Partnership care management team, they are increasingly willing to manage complicated problems at home. This minimizes the risks of hospitalization, reduces cost and is generally preferable to everyone (except maybe family.) While it is not possible or desirable to prevent all hospitalizations, the Partnership staff has the expertise to provide a range of services at home. They are familiar with (indeed is part of) the care network and generally are able to respond to temporary increases in the intensity of care needed while remaining at home. Regardless of the post hospital arrangements that are made, the Partnership team will be either setting them up or arranging them through others.

When Partnership members are hospitalized, Partnership staff are an important resource for hospital caregivers. They can provide accurate information about the medical history, past treatment responses, and other information that is relevant to diagnosis and treatment. Knowledge of medical conditions, care networks, social circumstances and member idiosyncrasies facilitates high quality care while in the hospital.

Whoever is involved, from the Partnership team, in making initial contacts with hospitals must be familiar enough with the care of this population in hospital settings, and the post discharge care needed, that they will be able to discuss these issues with hospital administrators and clinicians. In general, the meetings that take place with hospitals during the planning phase are attended by hospital staff who are responsible for clinical care of in-patients as well as those who are responsible for financial issues related to their reimbursement. The staff from the Partnership team must be able to speak with knowledge and confidence about the range of issues that will concern them. This generally involves multiple Partnership staff and must be chosen carefully.

Specific Goods and Services

Many of these goods and services may be available through and/or embedded in a larger Health Care System with which a PP contracts (addressed earlier). It may be beneficial to find multiple providers.

Home Health Services

Partnership Programs use many providers to provide home care services to their members. Ideally, all care will be provided by program staff who are members of the Partnership team. In reality, this team care is sometimes supplemented by contracting with home care services in the area. This is particularly true as the program starts up and does not have the staff to cover the

hours necessary. It may also be necessary to supplement care with home care agencies after hospital discharge or during other acute phases of illness.

Mental Health Services

While it has not been well documented, populations such as those served by a Partnership Program tend to have a relatively high percentage of mental health and substance abuse issues. Some have been diagnosed but many have not. These conditions add tremendous complexity to serving the population. First, they require expertise, in the Partnership staff, to address these issues effectively and to provide appropriate health and social services. Medication management is significantly complicated by both mental health issues and substance abuse. Many of the providers you will be contracting with are not accustomed to addressing these complexities. The result is that they often find these individuals difficult, frustrating and 'non-compliant.' Health care providers, in general, do not have the expertise required to work effectively with these complex individuals. This is both a challenge and an advantage for a Partnership Program.

The challenge comes from serving individuals who require such complex care management that it can overwhelm the organization and the providers it is working with if it is not well prepared. The Partnership Program has an advantage in these situations because it can offer a very important and highly appreciated service. Other providers will welcome the Partnership Program's expertise and willingness to take on these challenges. The Partnership Program can be very helpful to other providers, easing the difficulty they are experiencing with this group by contributing relevant expertise and appropriate services. As part of effectively serving this population, it is vital to carefully assess the level of mental health and substance abuse needs in the population. This should certainly be done at enrollment but can also be ascertained in the

planning phase by carefully exploring the service use and interviewing providers for this general population in your community.

Most of the Partnership Programs have found it necessary to add professional expertise in mental health and substance abuse to their care management teams. Most also wish they had done so earlier. Because the incidence of these problems is so high in these populations (especially the younger disabled group) it is important to include this expertise on the team. Referring or contracting out for these services undermines care quality by creating a disconnect between the necessary expertise and day-to-day care management

Hospice Services

Many Partnership consumers are quite elderly and very ill and will be in the care of the Partnership team at the end of their lives. Care at end-of-life requires special skills, sensitivity and often a unique and intense service package. Personal care needs, in particular, are likely to increase dramatically near the end-of-life for many consumers. Pain management and a shift in the focus of illness management will also be necessary to provide high quality care. Many providers are uncomfortable with this shift and continue to manage illnesses more aggressively than is appropriate at this time. It is easy to lose sight of consumer wishes during this time, threatening the quality of end-of-life care. Partnership programs have addressed this challenge in different ways. Some have partnered with Hospices in their communities. Others have become direct providers of hospice services. Still others have transferred terminally ill consumers to Hospice programs.

In each Partnership community where a Hospice program was already established, the Partnership staff found themselves in a politically sensitive situation. Hospice has a long history

of providing high quality end-of-life care and often claim this territory as their sole domain. Tension can be created between Partnership and Hospice when the Partnership Program continues to serve consumers at the end of their lives.

One important reason to continue caring for Partnership members who are terminally ill is that this will allow the consumer to continue long established and important relationships with their care providers at a time when they are most vulnerable. This means that people they know and trust will be caring for them when they die. Personal care workers have also been extremely flexible when asked to increase or alter work hours to continue caring for someone at the end of their life. This has been experienced by personal care workers as a very special time, and is quite rewarding. Consumers have found this quite comforting.

There is often an already established relationship between the consumer's family and the Partnership team. This closeness facilitates communication and provides comfort to the family as well. The team will also be familiar with other health and social needs of the consumer. This familiarity makes smooth management of the overall situation much easier to achieve than in more traditional (fragmented) settings.

Taking on end-of-life care is also quite challenging and must be well designed to be successful. It often requires a sudden increase in service intensity and staff hours. It is important to remember that most health care providers and most social service providers do not have this expertise. A recent study comparing end-of-life care in Partnership to other programs and found a much higher level of positive experiences in the Partnership Program.

Dentistry

The service that is most frequently identified as both important and unavailable to this group of consumers is dental care. The flexibility of full capitation in the Partnership model means that any service the consumer needs can be purchased or provided directly, eliminating the frustration that providers of both health and long-term support services experience trying to obtain uncovered benefits. Simply having the flexibility to cover these services is not enough however. It is difficult to find and keep dentists who are willing to work for Medicaid rates and who are willing to work with this population.

Many dentists have been unwilling to work for Medicaid rates. In each community there are probably a few dentists who see consumers covered by Medicaid but usually not many. It is not possible to simply contract with these providers since your population will likely overwhelm their ability to respond. That makes it necessary to find new dentists to contract with. This has been a challenge. Each Partnership site, however, has been able to develop programs to meet the dental needs of their consumers. Some sites have contracted with a few dentists to provide services at the Partnership site on specified days each week. In these instances, the Partnership Programs have purchased the dental equipment needed for the dentist's use when serving Partnership consumers. An advantage of this approach is that the staff who know the consumer well are available to assist the dentist.

Another problem with dental services is that it is often difficult for individuals with disabilities to use dental chairs. They are not easily adapted to the needs of individuals with a range of physical conditions. Consumers and dental staff are both anxious about how to approach the mismatch between consumer needs and dental services. In some cases, dentists have been willing to invest the time and money to learn about and purchase adaptive equipment for

consumers with disabilities. Providing dental services at a Partnership site also makes it more likely that such adaptive equipment will be available.

Partnership consumers will probably take longer to be seen than will other consumers. One reason for this is that many of these individuals will have tremendous dental needs and will be seeing a dentist for the first time in their lives. It is important that the dentists you contract with are aware of these special needs, see this as a rewarding part of their practice, and are brought into team discussions as appropriate.

Pharmacy Services

When contracting for pharmacy services, cost will be one of the most important considerations. It is crucial to negotiate pharmacy contracts that will provide high quality services at reasonable rates since this will be one of the highest cost items in your program. For consumers with serious disabilities and fragile medical conditions, having a pharmacy that is responsive and helpful is very important. You will want to be sure that the pharmacies you contract with are able to deliver medications to consumers who are unable to travel to the pharmacies. This has been a particularly difficult problem in areas where pharmacies do not deliver to neighborhoods they consider to be unsafe. This is, of course, where many of your consumers will be living.

It is also important to make sure these pharmacies have computerized systems that will allow them to identify possible medication incompatibilities that might have been missed by a physician and to identify discontinued prescriptions. This can be a problem when more than one physician or nurse practitioner is prescribing and may not be aware of what another provider has ordered. Pharmacies provide a vital service in this area. Partnership consumers may also be on many medications since they tend to have multiple co-existing illnesses. This

makes the likelihood of drug interactions and side effects more likely. It also increases the likelihood that consumers may inadvertently continue to take medications that the provider has asked them to discontinue. Pharmacists who work collaboratively with Partnership teams will be valuable collaborators in preventing this from occurring and identifying drug interaction problems before they occur.